CONTRA COSTA REGIONAL MEDICAL CENTER

CONTRA COSTA HEALTH CENTERS

SAFE OPIOID PRESCRIBING AND REVIEW COMMITTEE (SOPARC)

Chronic Pain Medicine Agreement

This is an agreement between me and my doctor/nurse practitioner. It is to protect us when we use controlled medications for pain management.

Controlled Medicines are regulated by the Department of Justice Drug Enforcement Agency. Doctors/nurse practitioners are regulated by federal and state laws, and state medical boards. Doctors/nurse practitioners are required to be sure they do NOT prescribe controlled medications to people who are abusing the medicines or other drugs, are sharing or selling the medicines, or are using them in any way other than what they were prescribed for. Examples of controlled prescription medicines: are opioids (codeine, fentanyl, hydrocodone [Vicodin/Norco] hydromorphone [Dilaudid], morphine [Roxonol, Oramorph, Kadian, MS Contin, etc], oxycodone [Roxicet, Percocet, Percodan], benzodiazepines (alprazolam [xanax], diazepam [Valium], lorazapam [Ativan], etc), stimulants (methylphenidate [ritalin]), and others.

* Although federally illegal, in the state of California, Marijuana is available for certain conditions. Please speak with your provider regarding how marijuana may affect this pain agreement.

The purpose of this agreement is to protect everyone from both legal and medical risks that can happen when using controlled medicines.

1. I understand that the goal is to decrease my pain so that I can do more life activities, and that I will probably not be pain free.
2. I understand that medicines are only a part of pain management. Stretching, exercising, ice, heat, deep breathing, regular sleep and other activities are important parts of pain management. Medicines that are not opioids are also used to control pain. My doctor/nurse practitioner and I agree to use all possible pain treatments that are not opioids whenever we can.
3. I understand that using opioids to treat my pain is a trial and it does not mean that I will always continue to get prescriptions for these same medicines, even if I have been on them for a long time.
4. I understand that opioids have many serious side effects, and that people who take them for pain can die because they are taking them.

Opioids make people sleepy, less energetic, slower to respond and itchy. They cause constipation and change digestion. They can make it hard to urinate. They can reduce memory and sleep and cause sleep apnea. They can cause MORE pain by making people more sensitive to pain. They change hormones causing weaker bones, lower sex drive, lower testosterone, and shrinking testicles. They can increase risk of infection. Opioids cause special problems during pregnancy.

Opioids cause habituation or physical dependence, which means that the body gets used to them and feels like it needs them, so when they are stopped you can have withdrawal. Withdrawal can cause anxiety, sickness to the stomach, vomiting, diarrhea, chills, sweats, goose bumps, itching, fast heart beat and increased pain.

Opioids can also cause addiction. This is when someone craves the drug and focuses on getting the drug above other priorities in life. People with addiction focus on getting drugs rather than taking care of themselves or their families, and sometimes do things like steal from family members, buy drugs instead of food, and other dangerous things. Anyone can have addiction, even if they do not want to or mean to.

1. I understand that my doctor/nurse practitioner and I will both have to monitor me for side effects of opioids and all medicines I am taking.
2. I understand that opioids interact with lots of medicines and other drugs, and that I must tell my doctor/nurse practitioner about all of the medicines/drugs I am taking. This includes medicines from other doctors, herbs, vitamins, alcohol and street drugs. I understand that I can die from medicine/drug interactions.
3. I will make and keep appointments at the Health Center as instructed. If I do not make and keep appointments as instructed, my controlled medicines may not be refilled. I understand that I will not get refills if I am not seen within 6 months.
4. I will bring all of my medicine bottles/boxes to my appointments.
5. I will request my refills at least 7 days in advance. I understand that refills are done during regular clinic hours. I understand that refills will not be done immediately upon request or merely because I have come to the clinic to request the refill, and that the Emergency Room is not the place to get refills of my regular medicines.
6. Except in emergencies, I will not get controlled medications from other doctors/nurse practitioners. If controlled medications are prescribed for any reason, I will report this to my doctor/nurse practitioner by the next business day and ask that records be sent to my doctor/nurse practitioner. Messages can be left with my doctor’s/nurse practitioner’s Care Coordinator and/or LVN/Health Home Coordinator. I agree that my doctor/nurse practitioner has permission to discuss all diagnostic and treatment details with any other doctors/nurse practitioners, pharmacists, or other professionals who are involved in my health care. I understand that all of this is to assure that I am getting the best treatment possible in a safe and coordinated manner.
7. I will not share, sell, or otherwise allow others to take my medicines. I will keep my medicines and prescriptions secure. It is best if they are locked up. This protects me from having them stolen and others from possible overdose and death.

13. I will not take drugs or medicines from family, friends, the streets or the internet.

14. I will not increase the dose of medicines on my own or without permission of my doctor/nurse practitioner, even if I am in pain. I understand that I could die of an accidental overdose. I understand that early refills will not be given even if I have used my medicines before the next refill is due. Using medicines faster than prescribed could result in withdrawal and is a violation of this agreement.

15. I will give my own fresh urine when asked so tests can be done to be sure I am not taking illegal street drugs or medicines from other people. I understand that if I do not give urine when asked, my doctor/nurse practitioner will think I am trying to hide something, and my controlled medicines may be stopped.

I understand that someone from the clinic may call me for a random urine test, and that I must come in that day or the next day to give urine. Coming later than that will not count.

16. Generally doctors/nurse practitioners do not replace medicines that are lost, stolen, destroyed or otherwise unavailable. If my medicine is stolen, I must file a police report and provide my doctor/nurse practitioner with a copy of the police report.

17. I understand that if I am not willing and able follow these agreements, my opioid and other controlled medicines will be stopped. I know my doctor/nurse practitioner will continue to provide me medical care and pain management without opioids or other controlled medicines.

\*\*\*By signing below, I am agreeing that I have read and/or heard the above, and both understand and accept it. .

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Patient Signature Date

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Physician Signature Date

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Witness Signature Date

Approved SOPARC 11/2013

Approved APC 12/2013

Approved MEC 1/2014